

**PUBLIC RELEASE FOR FREE AND REDUCED-PRICE MEALS**  
**National School Lunch/Breakfast Program**  
**School Year 2017-18**

DIERINGER School District plays a vital role in children’s health by providing free and reduced price meals to students in need. The following U.S. Department of Agriculture Programs are offered: National School Lunch Program and the School Breakfast Program. Local school officials have adopted the following family size income criteria for determining eligibility for free and reduced price meals and will offer meals to students that qualify according to the standards below:

July 1, 2017 – June 30, 2018										
	FREE					REDUCED-PRICE				
Household Size	* Annual	** Monthly	*** Twice Per Month	**** Bi-Weekly	***** Weekly	* Annual	** Monthly	*** Twice Per Month	**** Bi-Weekly	***** Weekly
1	\$ 15,678	\$ 1,307	\$ 654	\$ 603	\$ 302	\$ 22,311	\$ 1,860	\$ 930	\$ 859	\$ 430
2	\$ 21,112	\$ 1,760	\$ 880	\$ 812	\$ 406	\$ 30,044	\$ 2,504	\$ 1,252	\$ 1,156	\$ 578
3	\$ 26,546	\$ 2,213	\$ 1,107	\$ 1,021	\$ 511	\$ 37,777	\$ 3,149	\$ 1,575	\$ 1,453	\$ 727
4	\$ 31,980	\$ 2,665	\$ 1,333	\$ 1,230	\$ 615	\$ 45,510	\$ 3,793	\$ 1,897	\$ 1,751	\$ 876
5	\$ 37,414	\$ 3,118	\$ 1,559	\$ 1,439	\$ 720	\$ 53,243	\$ 4,437	\$ 2,219	\$ 2,048	\$ 1,024
6	\$ 42,848	\$ 3,571	\$ 1,786	\$ 1,648	\$ 824	\$ 60,976	\$ 5,082	\$ 2,541	\$ 2,346	\$ 1,173
7	\$ 48,282	\$ 4,024	\$ 2,012	\$ 1,857	\$ 929	\$ 68,709	\$ 5,726	\$ 2,863	\$ 2,643	\$ 1,322
8	\$ 53,716	\$ 4,477	\$ 2,239	\$ 2,066	\$ 1,033	\$ 76,442	\$ 6,371	\$ 3,186	\$ 2,941	\$ 1,471
Each additional household member add	+\$ 5,434	+\$ 453	+\$ 227	+\$ 209	+\$ 105	+\$ 7,733	+\$ 645	+\$ 323	+\$ 298	+\$ 149

Children from families whose income is at or below the levels shown are eligible for free or reduced-price meals.

Application forms, with a letter to households, are being distributed to all homes. To apply for free or reduced-price meals, households must fill out the application and return it to the school. Only one application per household is needed. Additional copies are available at the office in each school. The information provided on the application will be used to determine eligibility and may be verified at any time during the school year by school or other program officials.

For school officials to determine eligibility, households must provide the following information listed on the application: the names of everyone in the household, the amount of income each household member currently receives, where it came from, and how often income is received; the signature of an adult household member and the last four digits of that adult’s social security number. If the adult signing the application does not have a social security number, check the "I do not have a social security number" box. For a child who is a member of a Basic Food household or Temporary Assistance for Needy Families (TANF) assistance unit, or Food Distribution Program on Indian Reservations (FDPIR), the household need provide only the child’s name, the Basic Food, TANF, or FDPIR case number, and printed name and signature of an adult member on the application. An adult in the household with a case number may also qualify students also living in the household.

Public School Districts receive student data matched with the Department of Social and Health Services data and automatically qualify children receiving Basic Food and TANF assistance. No application is required. All children living in the household and attending the school are eligible for free meals. If a child was not listed on the eligibility notice, contact the school or district office.

**PUBLIC RELEASE FOR FREE AND REDUCED-PRICE MEALS**  
**National School Lunch/Breakfast Program**  
**School Year 2017-18**

Children certified as homeless by the school McKinney-Vento homeless liaison, designated as migrant by the school migrant coordinator as well as children in Head Start classrooms may be eligible for free meals. Contact the school or district office if more information is needed.

Households that do not want their child(ren) to participate in the free meal program should notify the child(ren)'s school.

Foster children, under the legal responsibility of a foster care agency or court are eligible for free meals. An application may be submitted. The foster child may be included as a member of the foster family if the foster family chooses to also apply for benefits for other children in the family. If you have questions about applying for foster children, contact the school or district office.

Children residing in households participating in Women, Infants, and Children (WIC) may be eligible for free or reduced price meals and may complete a meal application.

Under the provisions of the free and reduced-price policy, the designated approving official(s) will review applications and determine eligibility. Parents or guardians dissatisfied with the ruling of the official may wish to discuss the decision with the approving official on an informal basis. Parents wishing to make a formal appeal may make a request, either orally or in writing, to the fair hearing official, Dr. Judy Neumeier-Martinson for a hearing on the decision.

The information provided by households is confidential.

Meal benefits from the previous school year apply for the first 30 school days of the new school year or until a new application is submitted. After this time, children must pay full price for meals.

You may apply for meal benefits if you become unemployed or your economic situation changes at any time during the school year.

Contact the school or district office if assistance is needed with application materials in different languages.

**NONDISCRIMINATION**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by the USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

fax: (202) 690-7442; or  
email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**National School Lunch Program/School Breakfast Program  
2017-18 Letter to Households (Public Schools)**

Dear Parent/Guardian:

This letter tells how your children can get free or reduced-price meals, as well as information on other benefits. The cost of school meals is shown below.

Breakfast will be served at no cost to those children who qualify for free and reduced-price meals. Lunches will be served at no cost to children who qualify for free meals and to those who qualify for reduced-price meals in kindergarten through 3<sup>rd</sup> grade. All other students (preschool and 4<sup>th</sup> – 12<sup>th</sup> grades) will be charged the rates shown below.

Grade Level	REGULAR			Grade Level	REDUCED-PRICE		
	Breakfast	Lunch	Snack		Breakfast	Lunch	Snack
K-5	\$ 1.75	\$ 2.75	\$ NA	K-3	\$ 0.00	\$ 0.00	\$ NA
6-8	\$ 1.75	\$ 3.00	\$ NA	4-8	\$ 0.00	\$ .40	\$ NA
	\$	\$	\$	\$	\$	\$	\$

**WHO SHOULD FILL OUT AN APPLICATION?**

Fill out the application if:

- Total household income is the SAME or LESS than the amount on the chart
- You receive Basic Food, take part in the Food Distribution Program on Indian Reservations (FDPIR), or receive Temporary Assistance for Needy Families (TANF) for your children
- You are applying for foster children that are under the legal responsibility of a foster care agency or court

Turn in the application to **YOUR CHILD'S SCHOOL – ATTENTION: CAROL TRUDEAU** PHONE NUMBER **253-826-7108**

Be sure to submit ONLY ONE application per household. We will notify you if the application is approved or denied. If any child you are applying for is homeless (McKinney-Vento), or migrant, check the appropriate box.

**WHAT COUNTS AS INCOME? WHO IS CONSIDERED A MEMBER OF MY HOUSEHOLD?**

Look at the income chart below. Find your household size. Find your total household income. If members in the household are paid at different times during the month and you are unsure if your household is eligible, fill out an application and we will determine your income eligibility for you. The information you give will be used to determine your child's eligibility for free or reduced-price meals.

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of personal use income. If you have questions about applying for meal benefits for foster children, please contact us at **253-826-7108**

INCOME CHART					
Effective from July 1, 2017 to June 30, 2018					
Household Size	Annual	Monthly	2xMonth	Bi-Weekly	Weekly
1	\$ 22,311	\$ 1,860	\$ 930	\$ 859	\$ 430
2	\$ 30,044	\$ 2,504	\$ 1,252	\$ 1,156	\$ 578
3	\$ 37,777	\$ 3,149	\$ 1,575	\$ 1,453	\$ 727
4	\$ 45,510	\$ 3,793	\$ 1,897	\$ 1,751	\$ 876
5	\$ 53,243	\$ 4,437	\$ 2,219	\$ 2,048	\$ 1,024
6	\$ 60,976	\$ 5,082	\$ 2,541	\$ 2,346	\$ 1,173
7	\$ 68,709	\$ 5,726	\$ 2,863	\$ 2,643	\$ 1,322
8	\$ 76,422	\$ 6,371	\$ 3,186	\$ 2,941	\$ 1,471
For each additional member add:	+\$ 7,733	+\$ 645	+\$ 323	+\$ 298	+\$ 149

**HOUSEHOLD** is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If applying for a household with a foster child, you may include the foster child in the total household size.

**HOUSEHOLD INCOME** is considered to be the income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not report foster payments as income.

**WHAT MUST BE ON THE APPLICATION?**

**A. For households not getting any assistance:**

- Student name(s)
- Names of all household members
- Income by source for all household members
- Adult household member's signature
- Last 4 digits of social security number of the adult household member who signs the application (or if the adult signing does not have a social security number, check the associated box).

Complete Parts 1, 2, 3, 4, and 5. Part(s) 6 (and 7) are optional.

**C. For a family getting Basic Food/TANF/FDPIR:**

- List all student names
- Enter a case number
- Adult household member's signature

Complete Parts 1, 2, 4, and 5. Part(s) 6 (and 7) are optional.

**B. For households with only foster child(ren)**

- Student's name
- Adult household member signature

Complete Parts 1 and 5. Part(s) 6 (and 7) are optional. You may also send the school a copy of the court documentation showing the foster child(ren) was placed with you instead of filling out an application form.

**Last 4 digits of SSN are not required for B.**

**D. For household with a foster child(ren) and other children:**

Apply as a household and include foster children. Follow the directions for "A. Households not getting any assistance" and include the foster child's personal use income.

**Last 4 digits of SSN are not required for D.**

## National School Lunch Program/School Breakfast Program 2017-18 Letter to Households (Public Schools)

### WHAT IF I'M NOT RECEIVING BASIC FOOD DOLLARS?

If you have been approved for Basic Food but do not actually receive Basic Food dollars, you may be eligible for free or reduced-price meals. You must apply for meal benefits by filling out a meal application and returning it to your child's school.

### DO MY CHILDREN AUTOMATICALLY QUALIFY IF THEY HAVE A CASE NUMBER?

Yes. Children on TANF or Basic Food may get free meals without the household having to complete an application. These children are identified by the school using a data matching process. This matched list is then made available to your child's school food service staff. The students on this list get free meals if their schools have the free and reduced-price breakfast and/or lunch program (not all schools do). Please contact us immediately if you feel your children should be receiving free meals and are not. If you do not want your child to participate in the free meal programs using this method, please notify the school.

### IF ANYONE IN MY HOUSEHOLD HAS A CASE NUMBER, WILL ALL CHILDREN QUALIFY FOR FREE MEALS?

Yes. If someone else in the household has a case number, other than a foster child, you must fill out an application and send it to your student's school. Please contact us immediately if you feel other children in your household should be receiving free meals and are not.

### BASIC FOOD – CAN I QUALIFY FOR ASSISTANCE IN BUYING FOOD?

Basic Food is the state's food stamp program. It helps households make ends meet by providing monthly benefits to buy food. Getting Basic Food is easy! You can apply in person at the local DSHS Community Service Office, by mail, or online. There are other benefits too. You can learn about Basic Food by calling 1-877-501-2233 or by logging on to [Food Help \(http://www.foodhelp.wa.gov/basic\\_food.htm\)](http://www.foodhelp.wa.gov/basic_food.htm).

### WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?

Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.

### MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?

Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.

### WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?

Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.

### HEALTH COVERAGE

To inquire about or apply for health care coverage for kids in your family, please visit [Washington Health Plan Finder \(http://www.wahealthplanfinder.org\)](http://www.wahealthplanfinder.org) or you may call at 1-855-923-4633.

### WHAT IF MY CHILD NEEDS SPECIAL FOODS?

If your child needs special foods, contact the school/district food service office.

### PROOF OF ELIGIBILITY

The information you provide may be verified at any time. You may be asked to send additional information to prove your child is eligible to receive free and reduced-price meals.

### FAIR HEARING

If you do not agree with the decision on your child's application or the process used to prove income eligibility, you may talk with [DR. JUDY NEUMEIER-MARTINSON](#), the fair hearing official. You have the right to a fair hearing which may be arranged by calling the school/school district at this number [253-862-2537](tel:253-862-2537).

### REAPPLICATION

You may apply for benefits any time during the school year. If you should have a decrease in household income, an increase in household size, or become unemployed, or receive Basic Food, TANF, or FDPIR, you may be eligible for benefits and may fill out an application at that time.

**2017–18 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE MEALS  
DIERINGER SCHOOL DISTRICT**

Complete, sign, and return this application to: **YOUR CHILD’S SCHOOL – ATTENTION: CAROL TRUDEAU**

Check here if you received meal benefits last year:

1. List **all students** living with you that are attending school. If the student is a foster child, homeless, or migrant, indicate this by placing an “x” in the appropriate box. Include any personal income received by the student and make an “x” in the correct box for how often it is received.

Student’s Last Name	Student’s First Name	MI	Homeless	Migrant	Foster	Date of Birth	School	Grade	Student Income	Weekly	Bi-weekly	2 X Month	Monthly
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If any Household Members (including yourself) currently participate in one or more of the following assistance programs, please write in a case number. If no, go to step 3.

Basic Food       TANF       FDIPIR      Case Number: \_\_\_\_\_

3. List the names of all other household members - Enter income (in whole dollars) and CHECK how often it is received. If a household member does not receive income, write 0. If you enter 0 or leave the income sections blank, you are promising there is no income to report. If a case number is listed in step 2, skip step 3.

Names of ALL other household members (do not include students listed above)	Foster	Earnings from work (before any deductions)	Income Frequency				Public Assistance/ Child Support/ Alimony	Income Frequency				Pensions/ Retirement/ Social Security (SSI)	Income Frequency				Any Other Income Not Already Listed	Income Frequency			
			Weekly	Bi-weekly	2 X Month	Monthly		Weekly	Bi-weekly	2 X Month	Monthly		Weekly	Bi-weekly	2 X Month	Monthly		Weekly	Bi-weekly	2 X Month	Monthly
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Total Household Members (include all people living in your household):  Last Four Digits of Social Security Number (SSN) of  Check if no SSN:   
(total listed must equal number of household members listed above) Primary Wage Earner or Other Household Member

5. Contact Information & Signature – I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Household Member	Mailing Address	E-mail Address
Adult Household Member Signature	City, State & Zip Code	Date
	Daytime Phone	



**Dieringer School District -Elementary**  
**CONSENT TO SHARE FREE AND REDUCED INFORMATION**

Dear Parent/Guardian:

To help save you time and effort, the information you gave on your Free/Reduced-Price School Meals Application may be shared with the school counselors and cashier. This information will be kept strictly confidential, and allow the school counselor to inform/consider your family for the programs listed below. Submitting/not submitting this form will neither change whether your child(ren) get free or reduced-price meals, nor will it guarantee support for any specific programs.

**If you wish to share qualification information from the Free/ Reduced Price School Meals Application with the school counselor and cashier, please check the box(es) to be informed and/or considered for any or all of the following programs:**

- School supply fee**
- School supplies**
- Shoes for PE**
- Financial aid for field trips**
- Food and gift assistance**
- Resources for medical and dental care**
- Community resources for housing and utility assistance**
- Community resources for daycare**

Your information will only be shared with the school counselors and cashier. *(please list additional children on back)*

Child's Name: \_\_\_\_\_

School: DHES LTES

Child's Name: \_\_\_\_\_

School: DHES LTES

Child's Name: \_\_\_\_\_

School: DHES LTES

Child's Name: \_\_\_\_\_

School: DHES LTES

Signature of Parent/Guardian: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Food Supervisor's Signature: \_\_\_\_\_

For more information, you may call your school counselor:

DHES 826-4937, LTES 862-6600,

**Return this form in a sealed envelope to school to the attention of Carol Trudeau, Food Services Director.** In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin (including language), sex, sexual orientation including gender expression or identity, creed, religion, age, veteran or military status, disability, or the use of a trained dog guide or service animal by a person with a disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call 1-800-795-3272 or 202-720-6382 (voice and TDD). USDA is an equal opportunity provider and employer.

## CONSENT TO SHARE INFORMATION- NTMS

Dear Parent/Guardian:

To help save you time and effort, the information you gave on your Free/Reduced-Price School Meals Application may be shared with the school counselor and cashier. This information will be kept strictly confidential, and allow the school counselor to inform/consider your family for the programs listed below. Submitting/not submitting this form will neither change whether your child(ren) get free or reduced-price meals, nor will it guarantee support for any specific programs.

**If you wish to share qualification information from the Free/ Reduced Price School Meals Application with the school counselor and cashier, please check the box(es) to be informed and/or considered for any or all of the following programs:**

- School supply fee
- School supplies
- Camp scholarship (CISPUS)
- After school activities/club fees
- ASB Card
- Band books
- Art fee
- Video Game/fee
- CTE Industry Visit/fee
- Gateway Technology/fee
- Tech device insurance
- Home & Family fee
- School sponsored sports fees
- Shoes for PE
- Financial aid for field trips
- Food and gift assistance
- Resources for medical and dental care
- Community resources for housing and utility assistance
- Community based scholarships

Your information will only be shared with the school counselors and cashier. *(please list additional children on back)*

Child's Name: \_\_\_\_\_

School: NTMS

Child's Name: \_\_\_\_\_

School: NTMS

Child's Name: \_\_\_\_\_

School: NTMS

Child's Name: \_\_\_\_\_

School: NTMS

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Food Supervisor: \_\_\_\_\_

For more information, you may call your school counselor.

NTMS 862-2776

***Return this form in a sealed envelope to your school counselor or cashier.***

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin (including language), sex, sexual orientation including gender expression or identity, creed, religion, age, veteran or military status, disability, or the use of a trained dog guide or service animal by a person with a disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call 1-800-795-3272 or 202-720-6382 (voice and TDD). USDA is an equal opportunity provider and employer.